Iowa Foster and Adoptive Parents Association

Board Membership Interest Application

First & Last Name(s): _____

Address:_____ _____ ____ _____
Street Address **City** **State** **Zip**

Telephone Numbers: Home (___)_____ Work (___)_____ Cell (___)_____

E-mail: _____

Social Security Number: _____ Date of Birth: _____

What is your county of residence? _____

Are you a citizen of the United States: ____ Yes ____ No

Why do you want to be a member of the Iowa Foster and Adoptive Parents Association Board of Directors?

What skills or areas of expertise would you bring to the Board?

Please elaborate on different boards or committees upon which you have served.

Is there any reason, known to you, why you might not be able to participate consistently on the board? (Board terms are three-year commitments) ___ Yes ___ No (If yes, please explain)

Do you belong to a support group? If so, which one?

Please check all areas that you feel you represent or have expertise in:

__	Special Needs Foster Child	__	Foster Care Respite
__	Special Needs Adoptive Child	__	School System/Education
__	Foster Child Aging Out of System	__	Support Groups
__	Finance	__	Policies and Procedures
__	Legal	__	Public Relations/Membership
__	Fundraising	__	Other:_____
__	Other:_____	__	Other:_____

Please include name, address and phone number of three references (one from DHS or private agency).

Reference #1 _____

Reference #2 _____

Reference #3 _____